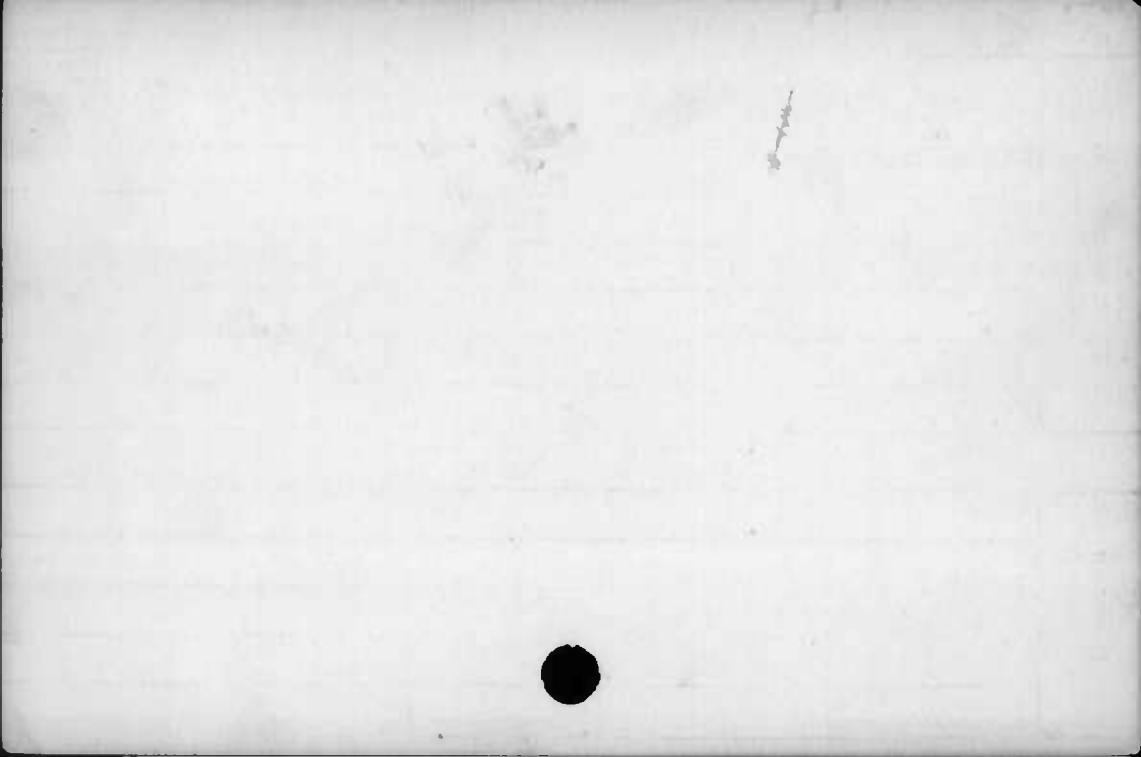


Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Augustine</i>		Town <i>Washington</i>		County <i>Washingtn</i>	
	Date of death <i>1890</i>		Month <i>April</i>	Day <i>6</i>	Years <i>17</i>	
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Brook Hill Md</i>	
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
	Father's Name <i>John Lane</i>		Father's Birthplace <i>Brook Hill Md</i>			
	Mother's Maiden Name <i>Catherine Foster</i>		Mother's Birthplace <i>Farmers in Md</i>			
Name of person giving information <i>Catherine Lane</i>		How related to deceased <i>Mother</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		<i>pneumonia</i>		How long	
	Immediate				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
			Address			
	Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

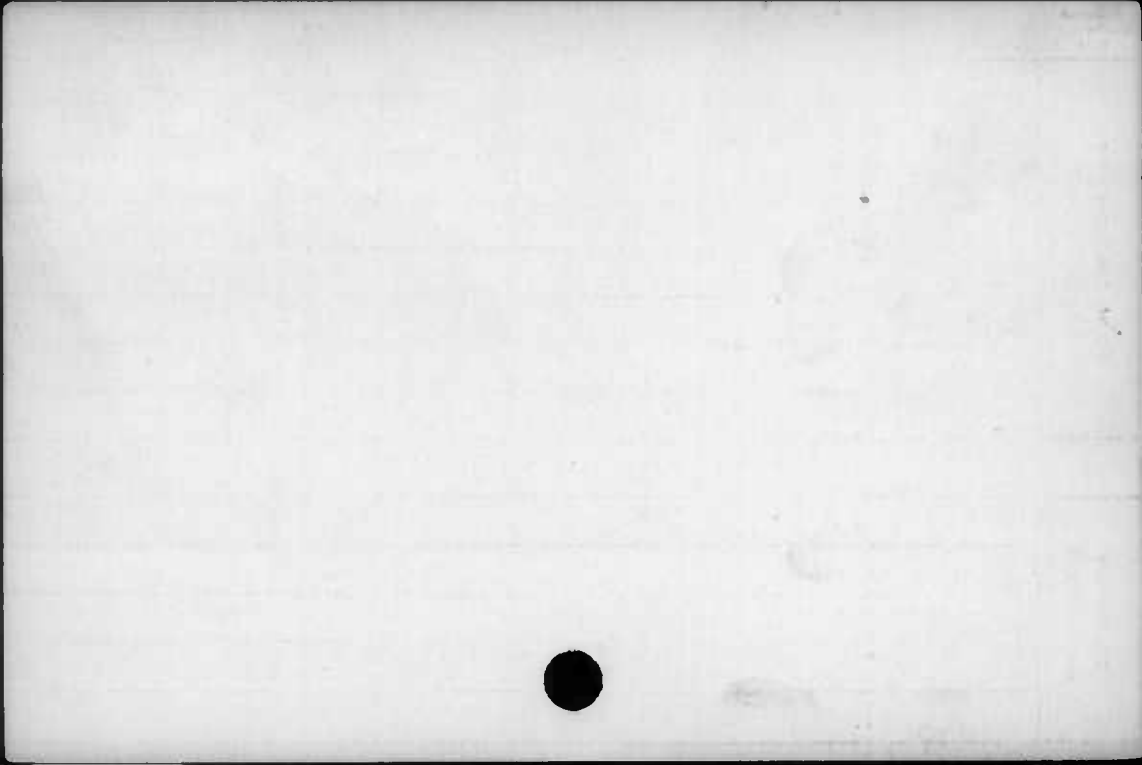
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Phag. Emory Lane</i>		Town <i>Sagersville</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Sagersville</i>		Month <i>November</i>		Day <i>14</i>		Years <i>29</i>	
Date of death <i>1891</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Funkstown Md</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>John Lane</i>		Father's Birthplace <i>Brook Hill Md</i>					
Mother's Maiden Name <i>Catherine Fisher</i>		Mother's Birthplace <i>Fairview Md</i>					
Name of person giving information <i>Catherine Lane</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>diphtheria</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Daniel Wilson Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1889</i>	Month <i>March</i>	Day <i>18</i>	Age <i>38</i> Years	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Franklin Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Lane</i>			Father's Birthplace <i>Brook Hill Md</i>		
Mother's Maiden Name <i>Catherine Spahr</i>			Mother's Birthplace <i>Tamworth Md</i>		
Name of person giving information <i>Catherine Lane</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>diphtheria</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Edward Alexander Lane*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1887* Month *July* Day *19* Age *—* Years *—* Months *10* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Funkstown Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John Lane* Father's Birthplace *Brookfield Md*

Mother's Maiden Name *Catherine Fisher* Mother's Birthplace *Fairview Md*

Name of person giving information *Ida Scott* How related to deceased *sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

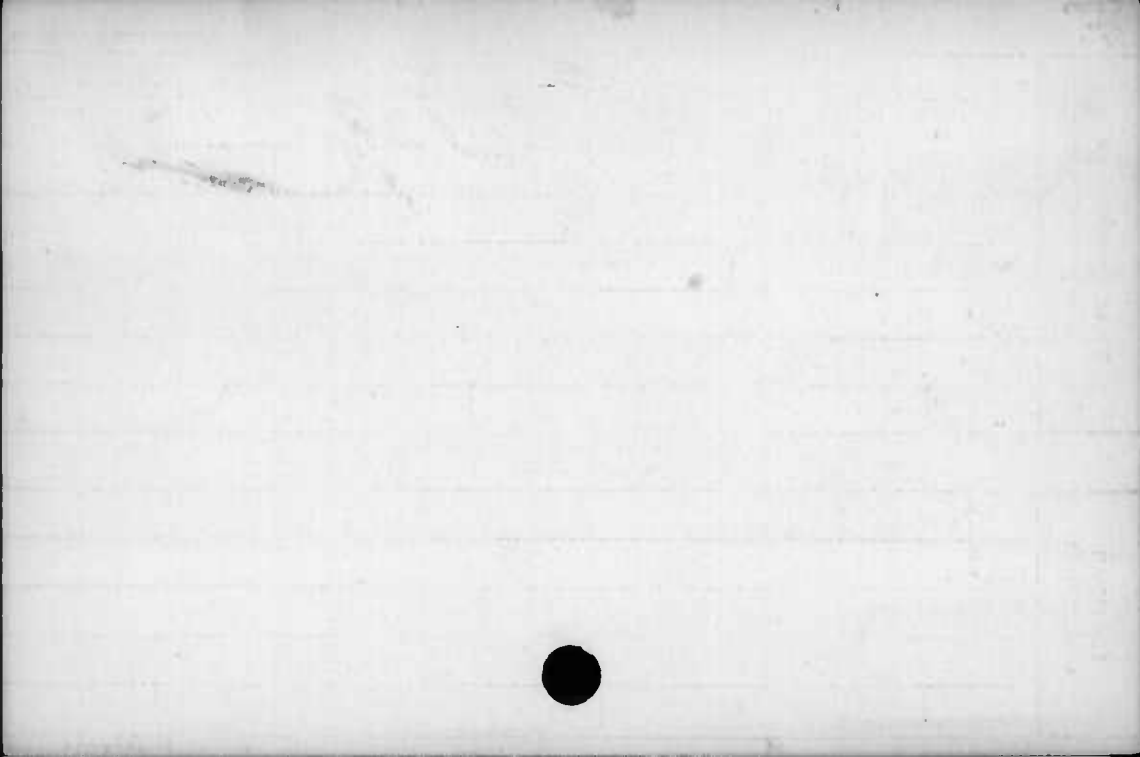
Primary *ph pneumonia* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *—*

— Address *—*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

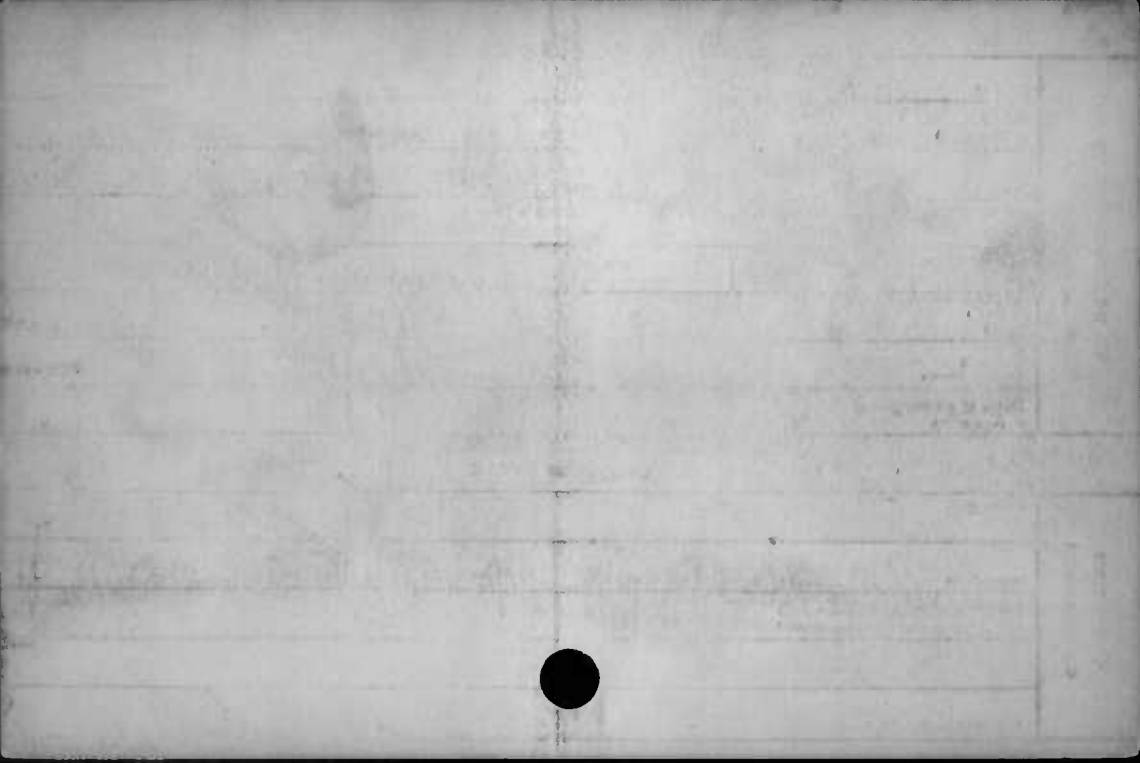
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baggotstown</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1964</i>	Month <i>November</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>14</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birthplace <i>Funkstown Md</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>John Lane</i>				Father's Birthplace <i>Brook Hill Md</i>			
Mother's Maiden Name <i>Luthernia E. Scott</i>				Mother's Birthplace <i>Fairview Md</i>			
Name of person giving information <i>Idea Scott</i>				How related to deceased <i>sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Croupse</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

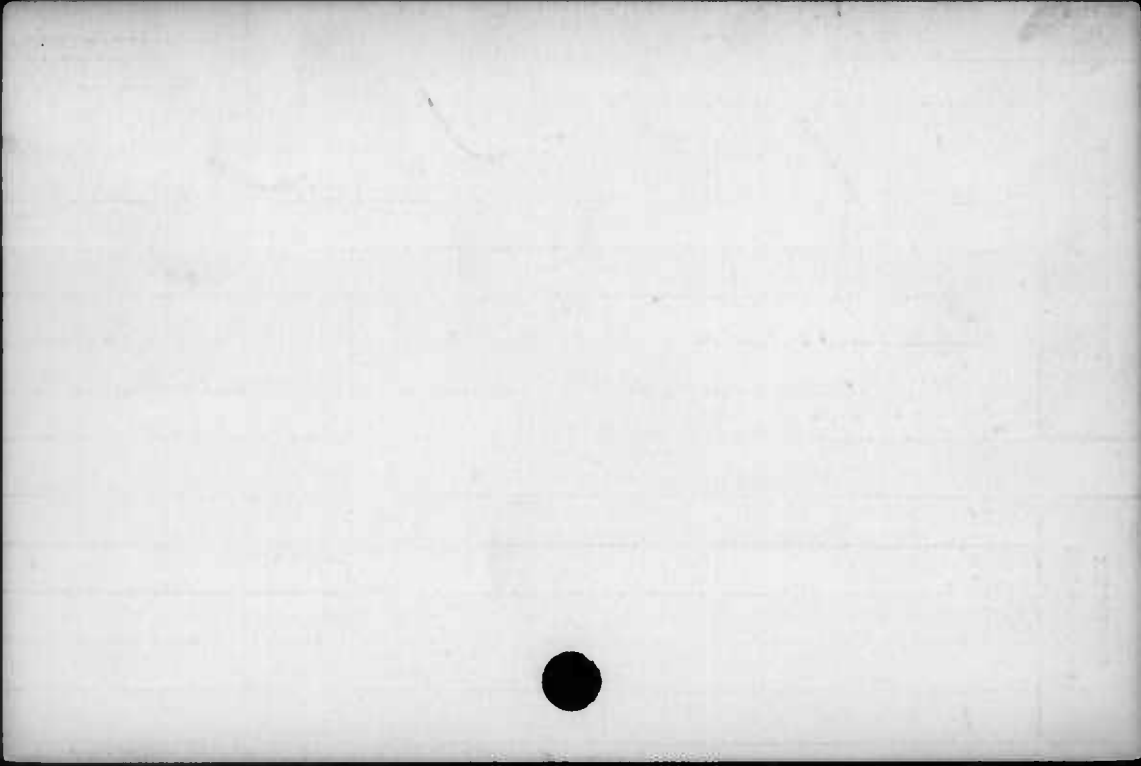
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Simon S. Lane</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>March</i>		Day <i>27</i>		Years <i>1885</i>	
Date of death <i>1885</i>		Month <i>March</i>		Day <i>27</i>		Years <i>1885</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Age <i>6</i>		Months <i>6</i>	
Birthplace <i>Frederick Md</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		—	
Occupation <i>—</i>		Name of Wife or Husband <i>—</i>		Married, Single or Widowed <i>—</i>		—	
Father's Name <i>John Lane</i>		Father's Birthplace <i>Brook Hill Md</i>		Mother's Maiden Name <i>Catherine Fisher</i>		Mother's Birthplace <i>Farmers Md</i>	
Name of person giving information <i>Ira Scott</i>		How related to deceased <i>sister</i>		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>ph acute pneumonia</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician <i>—</i>	
—		Address <i>—</i>	
Accident or Suicide? <i>—</i>		—	



Name
in
Full

CERTIFICATE OF DEATH

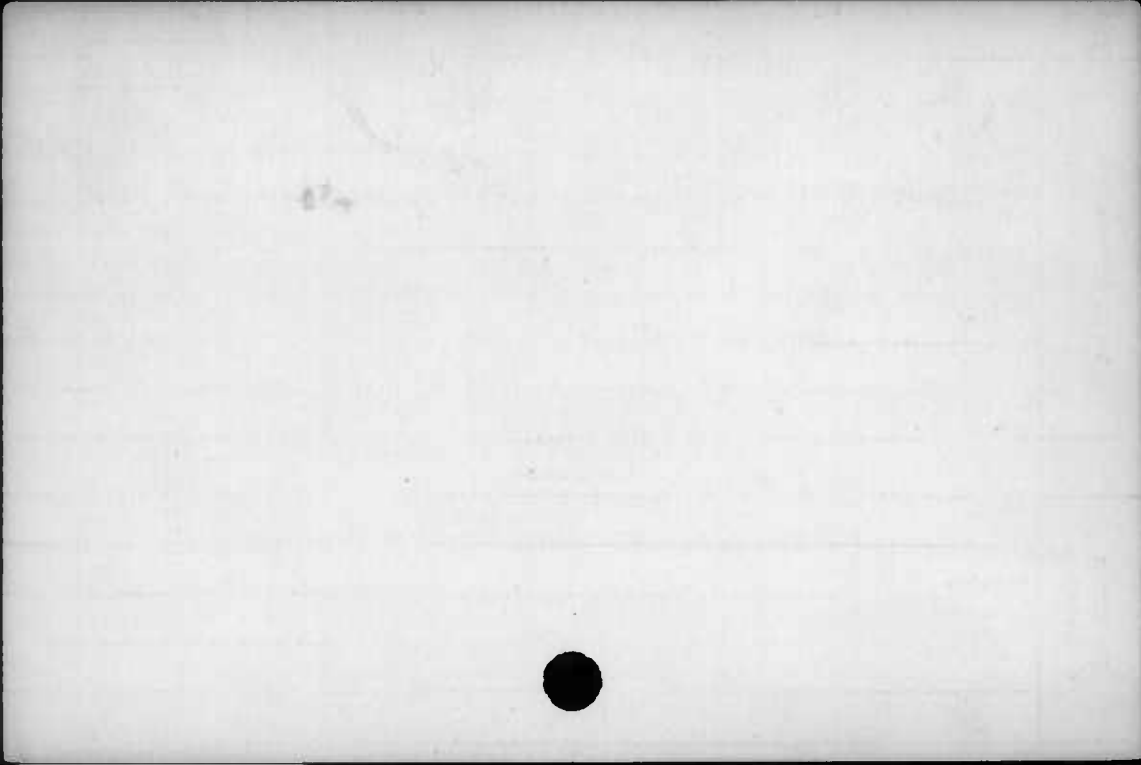
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date <i>1882</i> of death <i>19</i>	Month <i>October</i>	Day <i>19</i>	Age	Years <i>11</i>	Months <i>11</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Franklin Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Lane</i>			Father's Birthplace <i>Brook Hill Md</i>		
Mother's Maiden Name <i>Catherine Fisher</i>			Mother's Birthplace <i>Fairview Md</i>		
Name of person giving Information <i>Catherine Lane</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>ph Brain Fever</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name in Full

Certificate of Death

Julius Langedale

Town

County

Died at

Easton

Dalbot

MARYLAND

Date 19

Aug 25

Age

5

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

H. Langedale

Mother's

Maiden Name

M. R. Bryan

Cause of

Primary

Premature birth

~~How long sick~~

Death

Immediate

exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Edw. R. Rich

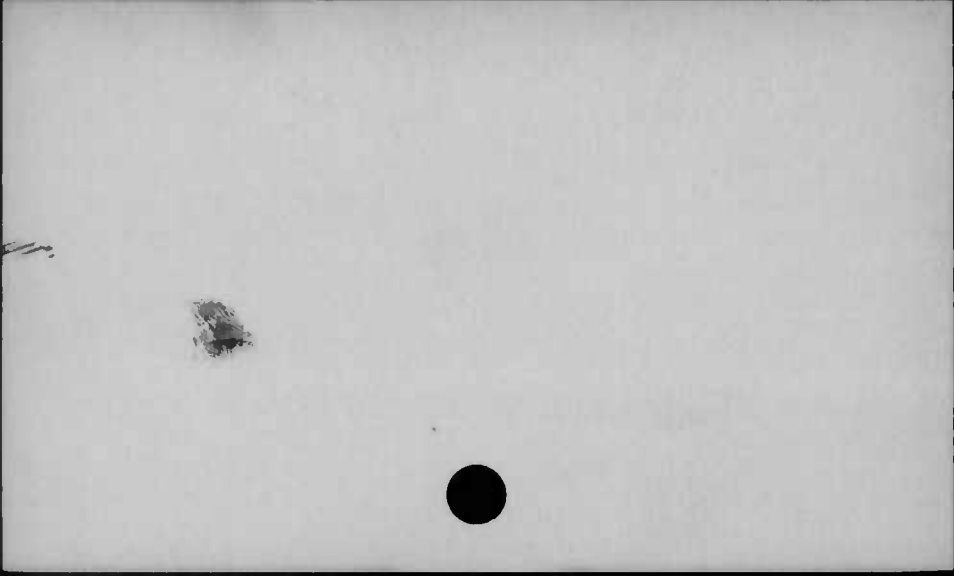
Address

Dean of Trinity Cathedral

Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70009



Name in Full ***5509**

Certificate of Death

John Lantach

Town

County

Died at

Mr. Hope**Galien Co**

MARYLAND

Date 189

Month

Day

9**9**

Age

38

Y.

M.

D.

Native of

md

Occupation

computer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~
~~Wife~~ ofFather's
NameMother's
Name

Cause of

Primary

Melancholia 46

How long sick

Death

Immediate

Dianthosa

Accident, Suicide, Homicide

Reported by

Charles H. Wile MD

Address

Mr. Hope

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU: 79706

Baltimore City,

Name In Full

Certificate of Death

N A Daisee Lee

Town

County

Died at

MARYLAND

Date 189

near Oakland Garrett
 Month Day Y. M. D. Native of Occupation
 Aug 29 2 6 6 Md
 White Married Widowed Divorced
 Female Single Widower Number of children living 5

Husband of
Wife

Father's Name

Mother's Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

Haon S. H. Kim
England W.S.A.

By Coroner.

of

Information contained in this certificate re-
ceived from

of

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Age

Native of

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month Day

Y

M

D.

Native of

Occupation

8

1-14

Age 28

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Died at *Julius Little Almshouse* *Almshouse* *Almshouse*
 Town County MARYLAND

Date 189 *July 2* Month Day Y. M. D. *55* Age *Port Deposit Ceig Co* Native of Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of
 Wife
 Father's Name Mother's Name *141*

Cause of Death { Primary *General Debility* Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by *B. P. Keene*
 Address *North East*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Mother's

Name

How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU, 6506R

Frederick Balthazar & Co
No 113

Mary Lockery

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

June 19

Age *35²*

Thyerville

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living *2*

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Dropsy of the brain

How long sick

4 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Thomas Brauning

Address

Thyerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

Dr. H W Mc Banner
of Oakland Md

Sewn by Coroner

of

Information contained in this certificate re-
ceived from

Thomas Browning
of Thayerville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide	



August Loom

Town

County

Died at

Dauern

Buck

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

12

25

Age

67

Prussia

Tailor

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Four

~~Husband~~

of

Elizabeth Loom

Father's

Mother's

Name

X

Name

X

Cause of

Primary

Paralyses Agitans 9

How long sick

6 years

Death

Immediate

Lakrippe, Pulmonary Constriction

Accident, Suicide, Homicide

Reported by

Dr R. C. Massenburg

Address

Dauern

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

86
for years

Accident, Suicide, Homicide

Reported by

Heinra
no friends

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Attended by Dr.

None

of

Seen by Coroner

of

Information contained in this certificate received

from

J. M. Smith

of

Handwritten

J. M. Smith

Name
in Full

Barbrie Lyles

CERTIFICATE OF DEATH

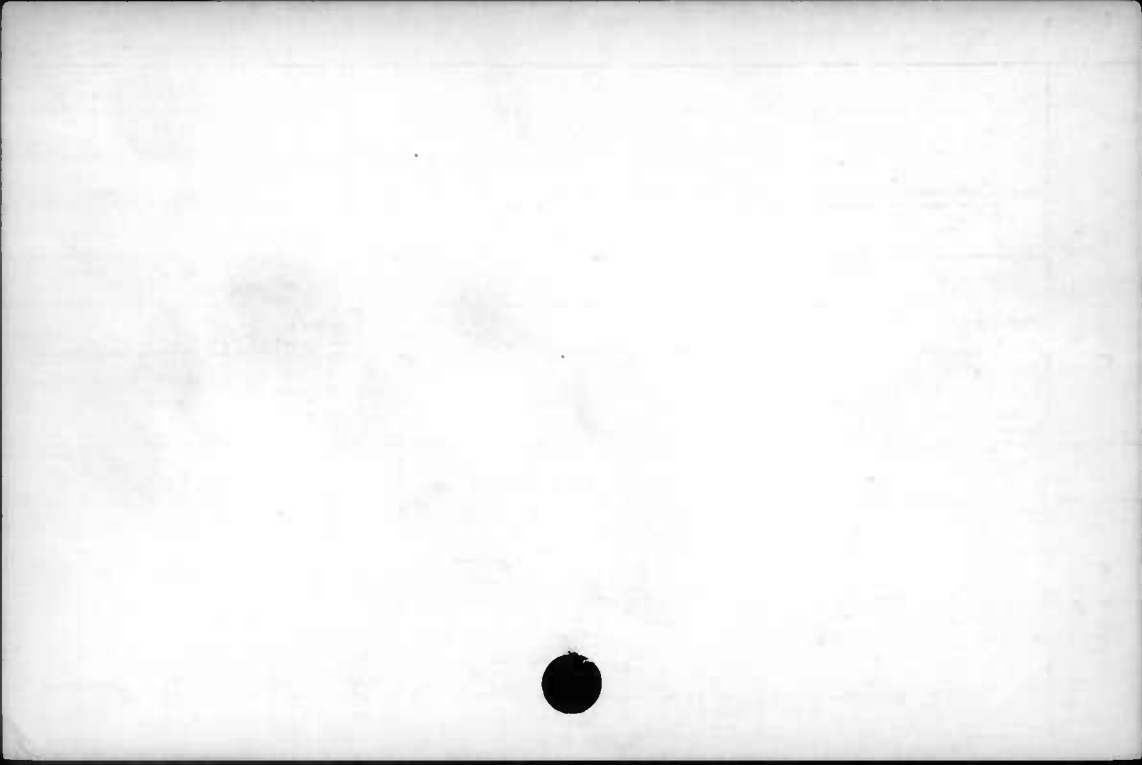
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1888</i>	Month <i>April</i>	Day <i>16</i>	Years <i>21</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Bromberg Md</i>		
Occupation <i>Domestic</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Guy Butler</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Louise Lyles</i>		Mother's Birthplace <i>Bromberg Md</i>			
Name of person giving Information <i>Theodore Cain</i>		How related to deceased <i>step father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide	



Robert Lyon

Town

County

Died at

Haver de Meel Hartford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Nov. 3

Age

1. 2

Haver de Meel

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Lincoln Lyon

Mother's

Name

Sallie McGowan

Cause of

Primary

39a

How long sick

Two weeks

Death

Immediate

Acute Meningitis

Accident, Suicide, Homicide

Reported by

Dr. R. H. Smith

Address

Haver de Meel Hartford



Name in Full

Certificate of Death

Doratha. Lytle

Died at

Parkton

Town

Balt

County

MARYLAND

Date 189

Feb 6

Month

Day

Age

69-9-11

Y.

M.

D.

Native of

Md

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Six

Husband

of

Wife

Father's

Name

James. Lytle

Mother's

Name

OVER

Cause of

Primary

Don't know
Senile Gangreen in foot

How long sick

Death

Immediate

126

Accident, Suicide, Homicide

Reported by

Dr W. B. Norris

Address

Parkton Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 78706

Attended by Dr. B. B. Cronin's
of Parkston and

Seen by Coroner W. H. Huffer J. D.
of Parkston and

Information contained in this certificate
received from _____

of _____